

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.
In order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Gila</u>	BUREAU OF VITAL STATISTICS	
District of		ORIGINAL CERTIFICATE OF BIRTH	
Town of		State Index No.	<u>117</u>
or		County Registrar No.	<u>29</u>
City of	<u>Globe</u>	Local Registrar No.	
No. _____		St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child		If child is not yet named, make supplemental report, as directed.	
<u>Vernon Richard Grabe</u>			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. No. in order of birth
<u>M</u>			
6. Legitimate?		7. Date of birth	Month day year
<u>yes</u>		<u>Jan 6 1924</u>	
8. FATHER		14. MOTHER	
Full name <u>Vernon Grabe</u>		Full maiden name <u>Luz Guera</u>	
9. Residence (Usual place of abode) <u>5th & South St Globe</u>		15. Residence (Usual place of abode) <u>5th & South St Globe</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>27</u> (Years)		17. Age at last birthday <u>20</u> (Years)	
12. Birthplace (city or place) <u>Silver City New Mex.</u>		18. Birthplace (city or place) <u>Globe Ariz</u>	
(State or country)		(State or country)	
13. Occupation <u>Truck Driver</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>2</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* <u>20</u>			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Dr. H. Horst M.D.</u>	
Given name added from supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address _____	
Registrar. _____		Filed <u>Jan 10 1924</u>	
		Filed <u>2 5 1924</u>	
		County Registrar. <u>B. J. Gray</u>	

575-106-371